

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33792**  
Registrar's No. **8444**

FILED SEP 30 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>33792</b>		Registrar's No. <b>8444</b>			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Glasgow Village</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>					e. STREET ADDRESS (If rural, give location) <b>408 Lancashire Rd.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) _____		c. (Last) <b>Lewis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8, 1957</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARITAL STATUS (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 21, 1884</b>		9. AGE (In years last birthday) <b>73</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waiter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lennox Hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor, England</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>James Lewis</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret Lewis, deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>492-20-9888</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret Scharr 408 Lancashire Rd.</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Emphysema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypochromic Anemia</b> <b>Malnutrition</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4-5 yrs.</b>  <b>2 yrs.</b> <b>3 mos.</b>	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <b>7-24, 1954</b> , to <b>9-7, 1957</b> , that I last saw the deceased alive on <b>9-7, 1957</b> , and that death occurred at <b>11:55 P. M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Norman A. Jones, M.D.</b>			23b. ADDRESS <b>9903 Diamond Dr. (15)</b>			23c. DATE SIGNED <b>9-9-57</b>					
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <b>Burial</b>			24b. DATE <b>Sept. 10, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy Missouri</b>				
DATE REC'D BY LOCAL REG. <b>SEP 9 57</b>			REGISTRAR'S SIGNATURE <b>Paul Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baummann Bros. Inc. 2501 Woodson Rd., Overland 14, Mo.</b>					
(Licensed Embalmer's Statement on Reverse Side)											

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 365

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.